

Form 27 - GENERAL PURPOSE

MAYERSON & ASSOCIATES
ATTN:

US DISTRICT COURT SOUTHERN/NY COUNTY

A.G. AND L.G. ON BEHALF OF N.G. plaintiff Index No. 08 CV 01576
- against - Date Filed
NEW YORK CITY DEPARTMENT OF HEALTH defendant Office No.
AND HYGIENE Court Date: / /
STATE OF NEW YORK, COUNTY OF NEW YORK :SS:

JOEL GOLUB being duly sworn, deposes and says:
I am over 18 years of age, not a party to this action, and reside in the
State of New York.

That on the **15th day of February, 2008** at **03:13 PM.,** **at**
%KATHERINE A. CLEMENS, OFFICE OF GENERAL COUNSEL
FOR MENTAL HYGIENE 125 WORTH ST. RM. 618 NEW YORK, NY
I served a true copy of the
SUMMONS AND COMPLAINT

upon **NEW YORK CITY DEPARTMENT OF HEALTH AND HYGIENE**
the DEFENDANT therein named,
by delivering to, and leaving personally with
LAURA BUFORD, ASSISTANT CLERK AUTHORIZED TO ACCEPT SERVICE

a true copy of each thereof.

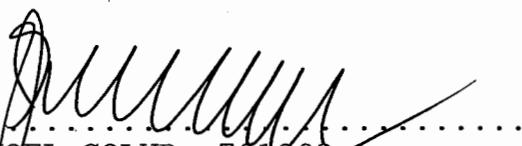
Deponent describes the person served as aforesaid to the best of deponent's
ability at the time and circumstances of the aforesaid service as follows:

SEX: FEMALE	COLOR: BLACK	HAIR: BLACK
APP. AGE: 35	APP. HT: 5:6	APP. WT: 150

OTHER IDENTIFYING FEATURES:

Sworn to before me this
19th day of February, 2008ni

SAMSON NEWMAN
Notary Public, State of New York
No. 01NE-4783767
Qualified in NEW YORK COUNTY
Commission Expires 11/03/2009


JOEL GOLUB 701893
AETNA CENTRAL JUDICIAL SERVICES
225 BROADWAY, SUITE 1802
NEW YORK, NY, 10007
Reference No: 7MA7112584